Fees pursuant to the Co	Effective on 12/08/200	., p		on of information		s a valid UMB	control
FEET		24			ete if Know		
FEET	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005			Application Number 10/659,814-)
				September 11, 2003			
<u>l</u>				rst Named Inventor Seung Cheol Lee			
	FOIFI 200	Examiner Name	Examiner Name Joannie A. Garcia				
Applicant clair	Applicant claims small entity status. See 37 CFR 1.27			28	2823		
TOTAL AMOUNT OF PAYMENT (\$) 920.00			Attorney Docket	t No. 29	29936/39462		
METHOD OF PA	YMENT (check all	that apply)					
Deposit Account For the abov	nt Deposit Account Num ve-identified deposit ge fee(s) indicated be		it Account Name: M or is hereby authoriz Charg	ge fee(s) indica	GERSTEIN all that apply) ated below, ex		
	under 37 CFR 1.16		T Of X Credit	t any overpayr	nents		
FEE CALCULATI	ION						
Application Type Utility Design	Fee (\$) 300 200	150 5	<u>Small Entity</u> (e (\$) <u>Fee (\$)</u> (00 250 00 50	Fee (\$) 200 130	Small Entity Fee (\$) 100 65	Fees F	Paid (\$
Plant	200	100 3	150	160	80		
Reissue	300	150 5	500 250	600	300		
	200	100	0 0	0	0		
Provisional	200						<u>Small</u>
Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 (FEES (including Reissues	,				Fee (\$) 50	
Provisional 2. EXCESS CLAIM F Fee Description	FEES (including Reissues laim over 3 (including	,				<u>Fee (\$)</u>	<u>Fee</u> 1 1
Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 (Each independent cl	FEES (including Reissues laim over 3 (includictions)	ing Reissues)	ee Paid (\$)	<u>Mult</u>	iple Depende	50 200 360	1
Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 (Each independent cl Multiple dependent	FEES (including Reissues laim over 3 (includictions)	ing Reissues)	ee Paid (\$)	<u>Mult</u> Fee (_	50 200 360	1
Provisional 2. EXCESS CLAIM F Fee Description Each claim over 20 (Each independent cl Multiple dependent	(including Reissues laim over 3 (includic claims Extra Claims	Fee (\$) F	ee Paid (\$)	-	_	Fee (\$) 50 200 360 ent Claims	1

| SUBMITTED BY | Registration No. (Attorney/Agent) | Date | March 15, 2005 | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 15, 2005

Petition to Withdraw from Issue

Signature:

(Michael R. Hull)

\$130.00